

Image# 12961435871

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**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Coalition of Americans for Political Equality

ADDRESS (number and street) ▼

1776 I Street NW

9th Floor, Suite 90031

☐ Check if different than previously reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00493486

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

18

2012

through

M M M / D D D / Y Y Y Y Y Y

11

26

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Margaret Berardinelli

Signature of Treasurer

Margaret Berardinelli

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

05

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Coalition of Americans for Political Equality

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012 To: M M / D D / Y Y Y Y Y Y  
11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		800.00
(b) Cash on Hand at Beginning of Reporting Period.....	23731.80	
(c) Total Receipts (from Line 19) .....	10073.00	1442912.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33804.80	1513060.77
7. Total Disbursements (from Line 31) .....	65494.82	1483970.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	-31690.02	29090.38
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	321137.58	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Coalition of Americans for Political Equality

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		18		2012

To:

M M	/	D D	/	Y Y Y Y
11		26		2012

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10073.00

1442912.85

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10073.00

1442912.85

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

10073.00

1442912.85

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

10073.00

1442912.85

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

10073.00

1442912.85

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	37551.77	147253.72
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1465.00	103826.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1465.00	103826.12
29. Other Disbursements .....	26478.05	1192282.65
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65494.82	1483970.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65494.82	1483970.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10073.00	1442912.85
34. Total Contribution Refunds (from Line 28(d)) .....	1465.00	103826.12
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8608.00	1339086.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 44  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Alice J. Shelly**

Mailing Address 201 Gibraltar Drive

City State Zip Code  
Pittsburgh PA 15239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : CAPE0000000000013741**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. rich buccellato**

Mailing Address 1717 north bayshore drive

City State Zip Code  
miami FL 33132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : CAPE0000000000014657**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Charles Speigle**

Mailing Address 1 Spray Dr.

City State Zip Code  
Munroe Falls OH 44262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2012

**Transaction ID : CAPE0000000000014660**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Gerald Havemann**

Mailing Address 6408 Ryan Ray

City State Zip Code  
Bulverde TX 78163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 22 2012

**Transaction ID : CAPE0000000000014661**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Allan Colby**

Mailing Address 9846 Northbridge Road

City State Zip Code  
St. Louis MO 63124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Black Rock Machinery

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 22 2012

**Transaction ID : CAPE0000000000014662**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Shauna Ramirez**

Mailing Address 9141 Chipwood Circle

City State Zip Code  
Anchorage AK 99507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 22 2012

**Transaction ID : CAPE0000000000014663**

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

410.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Leb Pittman**

Mailing Address 2884 Cedar Crest Court

City State Zip Code  
Woodbridge VA 22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 23 2012

**Transaction ID : CAPE0000000000014664**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ned Conner**

Mailing Address 7909 Chaddington Drive

City State Zip Code  
North Richland Hills TX 76182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 24 2012

**Transaction ID : CAPE0000000000014716**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. charles goebel**

Mailing Address 4171 maxwell drive

City State Zip Code  
mason OH 45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 25 2012

**Transaction ID : CAPE0000000000014812**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Darlene BryantQuinn**

Mailing Address 1530 Hampton Hill Circle

City State Zip Code  
McLean VA 22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
10 25 2012

**Transaction ID : CAPE0000000000014813**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. david goralski**

Mailing Address 8903 water crest trail

City State Zip Code  
richmond TX 77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
10 26 2012

**Transaction ID : CAPE0000000000014814**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. kaleem ahmad**

Mailing Address 532 plainfield rd

City State Zip Code  
darien IL 60561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y  
10 27 2012

**Transaction ID : CAPE0000000000014815**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

## **A. STEVE DIXON**

Mailing Address 10448 128th STREET

City State Zip Code  
 RICHMOND HILL NY 11419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

11 / 01 / 2012

**Transaction ID : CAPE0000000000014817**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Elisa allison**

Mailing Address 4245 log rd. apt A

City State Zip Code  
 Peyton CO 80831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

11 / 01 / 2012

**Transaction ID : CAPE0000000000014818**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Gregory McHale**

Mailing Address 10 Lynn Fells Parkway

City State Zip Code  
 Melrose MA 02176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

n/a

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 / 25 / 2012

**Transaction ID : CAPE0000000000014852**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Charles Speltz**

Mailing Address 2100 Willow Lane

City  
Lakewood

State Zip Code  
CO 80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : CAPE0000000000014853**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Sharon Smith**

Mailing Address 2506 Little Cove Rd

City

Owens Cross Roads

State Zip Code  
AL 35763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : CAPE0000000000014854**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Michele Lockhart**

Mailing Address P O Box 592

City  
Syracuse

State Zip Code  
IN 46567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : CAPE0000000000014855**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

## **A. Georgia Kintzing**

Mailing Address 21 Nancy Road

City State Zip Code  
Nanuet NY 10954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 28 2012

**Transaction ID : CAPE0000000000014856**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Joan Cullen**

Mailing Address 25 Crestwood Street

City State Zip Code  
Syosset NY 11791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

n/a

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 28 2012

**Transaction ID : CAPE0000000000014857**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Alice Goodfellow**

Mailing Address 13009 Royal Fern Drive

City State Zip Code  
Orlando FL 32828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 28 2012

**Transaction ID : CAPE0000000000014858**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Kristi Gerstel**

Mailing Address 20 Quaker Road

City

Short Hills

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 28 / 2012

**Transaction ID : CAPE0000000000014859**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Dennis Benson**

Mailing Address 210 Bridge Point

City

Peachtree City

State

GA

Zip Code

30269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 28 / 2012

**Transaction ID : CAPE0000000000014860**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael Elam**

Mailing Address 6851 Blue Glade Dr.

City

Richmond

State

TX

Zip Code

77406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 / 28 / 2012

**Transaction ID : CAPE0000000000014861**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

## **A. Mark Freitas**

Mailing Address 134 Oxford Road

City State Zip Code  
 Chester NY 10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : CAPE0000000000014862**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Adrienne Cook**

Mailing Address 9 Wetmore Avenue

City State Zip Code  
 Maplewood NJ 07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : CAPE0000000000014863**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. mike prescott**

Mailing Address 6131 Gardenia Court

City State Zip Code  
 Rocklin CA 95765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : CAPE0000000000014864**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Reuben Richardson**

Mailing Address 2602 Bluebird Ln.

City State Zip Code  
 Midland TX 79705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2012

**Transaction ID : CAPE00000000000014865**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Patsy Hancock**

Mailing Address 110 Holy Well Court

City State Zip Code  
 Smyrna TN 37167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 / 29 / 2012

**Transaction ID : CAPE00000000000014867**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Denise Sasine**

Mailing Address 37048 Timber Dr

City State Zip Code  
 Elizabeth CO 80107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 / 29 / 2012

**Transaction ID : CAPE00000000000014868**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

## **A. Hugh Dame**

Mailing Address 22902 E. Settler

City

Liberty Lake

State

WA

Zip Code

99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : CAPE0000000000014869**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Clayton Cooper**

Mailing Address 8412 Admiral Nimitz Drive

City

Rogers

State

AR

Zip Code

72756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : CAPE0000000000014870**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. John Shaughnessy**

Mailing Address 33 Liberty Pole Road

City

Hingham

State

MA

Zip Code

02043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : CAPE0000000000014871**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Elaine Webb**

Mailing Address P.O.Box 317

City State Zip Code  
 Ridgeway SC 29130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : CAPE0000000000014872**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Deborah Bautista**

Mailing Address 403 w grabnd prkway  
 Suite P

City State Zip Code  
 Katy TX 77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : CAPE0000000000014873**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Joel Bowen**

Mailing Address p.o.box 456  
 26549 hwy 12

City State Zip Code  
 rodanthe NC 27968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : CAPE0000000000014874**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Richard Stenson**

Mailing Address 44872 NW Plum Hill Lane

City State Zip Code  
 Forest Grove OR 97116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tuality Healthcare

Occupation

health care executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2012

**Transaction ID : CAPE0000000000014875**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. john ryan**

Mailing Address 4 Arden Place

City State Zip Code  
 New City NY 10956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rolex Watch USA

Occupation

executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2012

**Transaction ID : CAPE0000000000014876**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Brian Posner**

Mailing Address 3709 Hancock Lane

City State Zip Code  
 Doylestown PA 18902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2012

**Transaction ID : CAPE0000000000014877**

Amount of Each Receipt this Period

133.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

633.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

## **A. Warren Gravois**

Mailing Address 16005 7th st

City

Pearlington

State

MS

Zip Code

39572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : CAPE0000000000014878**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. Alice J. Shelly**

Mailing Address 201 Gibraltar Dr.

City

Pittsburg

State

PA

Zip Code

15239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : CAPE0000000000014879**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. F. Van Kasper**

Mailing Address 1200 California Street

City

San Francisco

State

CA

Zip Code

94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

n/a

n/a

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : CAPE0000000000014880**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Claudia Hill**

Mailing Address P. O. Box 2876

City

Holland

State

MI

Zip Code

49422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 27 / 2012

Transaction ID : CAPE0000000000014881

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Jeffery M. Smith, MD**

Mailing Address 304 West Hay Street  
Suite 215

City

Decatur

State

IL

Zip Code

62526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 27 / 2012

Transaction ID : CAPE0000000000014883

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**c. John D. Bray, MD**

Mailing Address 3400 Millbrook PL

City

Midland

State

TX

Zip Code

79707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

n/a

Occupation

n/a

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2012

Transaction ID : CAPE0000000000014885

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Donna Colton**

Mailing Address 725 Portola Road

City

Portola Valley

State

CA

Zip Code

94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : CAPE0000000000014897**

Amount of Each Receipt this Period

-100.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

-100.00

10073.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Donna Colton**

Mailing Address 725 Portola Road

City	State	Zip Code
Portola Valley	CA	94028

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

**Transaction ID : CAPESBD58CF3A3516617f**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**B. Viola Amberg**

Mailing Address 1335 Skyline Drive

City	State	Zip Code
Fairbanks	AK	99712

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

**Transaction ID : CAPESB9791704A14A796E**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. Viola Amberg**

Mailing Address 1335 Skyline Drive

City	State	Zip Code
Fairbanks	AK	99712

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

**Transaction ID : CAPESB758766AC1BA1A0**

Amount of Each Disbursement this Period

50.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00
--------

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Viola Amberg**

Mailing Address 1335 Skyline Drive

City	State	Zip Code
Fairbanks	AK	99712

Purpose of Disbursement  
Contribution refund

Candidate Name

010

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

**Transaction ID : CAPESBC7BF66BFD6F556**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. Brad Birdwell**

Mailing Address 17630 Lake cypress Hill Dr.

City	State	Zip Code
Cypress	TX	77429

Purpose of Disbursement  
Contribution refund

Candidate Name

010

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

**Transaction ID : CAPESB199B779C4A53FD**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. hazel w farley**

Mailing Address 1 runamo way

City	State	Zip Code
taylors	SC	28687

Purpose of Disbursement  
Contribution refund

Candidate Name

010

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2012

**Transaction ID : CAPESB848C07C1921FA7**

Amount of Each Disbursement this Period

15.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1065.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. hazel w farley**

Mailing Address 1 runamo way

City taylors	State SC	Zip Code 28687
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution refund

010

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2012

**Transaction ID : CAPESB03BF9414BB08673**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. hazel w farley**

Mailing Address 1 runamo way

City taylors	State SC	Zip Code 28687
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution refund

010

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2012

**Transaction ID : CAPESB059CCDD0729D80**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. Viola Amberg**

Mailing Address 1335 Skyline Drive

City Fairbanks	State AK	Zip Code 99712
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution refund

010

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

**Transaction ID : CAPESB7DB63099F6872F**

Amount of Each Disbursement this Period

50.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►

80.00
-------

**TOTAL** This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition of Americans for Political Equality

Full Name (Last, First, Middle Initial)

**A. Viola Amberg**

Mailing Address 1335 Skyline Drive

City	State	Zip Code
Fairbanks	AK	99712

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : CAPESB99B64F28B1E562E

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. hazel w farley**

Mailing Address 1 runamo way

City	State	Zip Code
taylors	SC	28687

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2012

Transaction ID : CAPESB21BAA4224A0798E

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. hazel w farley**

Mailing Address 1 runamo way

City	State	Zip Code
taylors	SC	28687

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2012

Transaction ID : CAPESB9CB6812410566F1

Amount of Each Disbursement this Period

15.00
-------

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition of Americans for Political Equality

Full Name (Last, First, Middle Initial)

**A. Jeremy Davis**

Mailing Address 10120 Arrow Creek Road

City	State	Zip Code
New Port Richey	FL	34655

Purpose of Disbursement  
Contribution refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2012

Transaction ID : CAPESB18B6DAB3EBA0D

Amount of Each Disbursement this Period

40.00
-------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00
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1465.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Sarah Bowman**

Mailing Address 510 SE Jonas Circle

City Waukee	State IA	Zip Code 50263
----------------	-------------	-------------------

Purpose of Disbursement  
Public Relations

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

**Transaction ID : CAPESB1BBA820985425C9**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Sarah Bowman**

Mailing Address 510 SE Jonas Circle

City Waukee	State IA	Zip Code 50263
----------------	-------------	-------------------

Purpose of Disbursement  
Public Relations

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2012

**Transaction ID : CAPESBFBA08B7D5207A9**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Regus**

Mailing Address 1776 I Street NW

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Purpose of Disbursement  
Office Rental

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2012

**Transaction ID : CAPESB92A929D847DFC0**

Amount of Each Disbursement this Period

522.84
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2772.84
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition of Americans for Political Equality

Full Name (Last, First, Middle Initial)

**A. Chase PaymenTech**

Mailing Address P. O. Box 29534

City	State	Zip Code
Phoenix,	AZ	85038

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

Transaction ID : CAPESB26B6F5A578EDB1

Amount of Each Disbursement this Period

396.75
--------

Full Name (Last, First, Middle Initial)

**B. Piryx, Inc.**

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2012

Transaction ID : CAPESBE1AB55CEAA5334

Amount of Each Disbursement this Period

4.25
------

Full Name (Last, First, Middle Initial)

**C. Piryx, Inc.**

Mailing Address 144 2nd St. 1st Floor

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2012

Transaction ID : CAPESB7BBEA9DC38B55

Amount of Each Disbursement this Period

1.06
------

SUBTOTAL of Disbursements This Page (optional)..... ►

402.06
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TOTAL This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition of Americans for Political Equality

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase Bank**

Mailing Address P. O. Box 659754

City	State	Zip Code
San Antonio	TX	78265

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

Transaction ID : CAPESB959F175D2D23785

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. The Williams Firm PLC**Mailing Address 15615 S. Alton Pkwy  
Ste 175

City	State	Zip Code
Irvine	CA	92618

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

Transaction ID : CAPESB36B6380EFE855B1

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. The Williams Firm PLC**Mailing Address 15615 S. Alton Pkwy  
Ste 175

City	State	Zip Code
Irvine	CA	92618

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2012

Transaction ID : CAPESB9CBFF11ED37908

Amount of Each Disbursement this Period

2500.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2775.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Kiresten Fedewa & Associates**

Mailing Address 1629A Hunting Creek Drive

City Alexandria,	State VA	Zip Code 22314
---------------------	-------------	-------------------

Purpose of Disbursement  
Public Relations

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2012

**Transaction ID : CAPESB8A8BC6A402F65F**

Amount of Each Disbursement this Period

6000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kiresten Fedewa & Associates**

Mailing Address 1629A Hunting Creek Drive

City Alexandria,	State VA	Zip Code 22314
---------------------	-------------	-------------------

Purpose of Disbursement  
Public Relations

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2012

**Transaction ID : CAPESBF484C38AA0E003**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. 8x8, Inc.**

Mailing Address 810 W. Maude Avenue

City Sunnyvale	State CA	Zip Code 94085
-------------------	-------------	-------------------

Purpose of Disbursement  
Phone Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2012

**Transaction ID : CAPESB4A9035673DE82F**

Amount of Each Disbursement this Period

151.36
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6651.36
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address P. O. Box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2012

**Transaction ID : CAPESB169E40A0770943B**

Amount of Each Disbursement this Period

20.00
-------

Full Name (Last, First, Middle Initial)

**B. Daniel Cobb**Mailing Address 1776 I Street NW  
9th Floor, Suite 90031

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Communication Services

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2012

**Transaction ID : CAPESB6A971128B385D91**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Daniel Cobb**Mailing Address 1776 I Street NW  
9th Floor, Suite 90031

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Communication Services

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2012

**Transaction ID : CAPESB28A11387AE9983**

Amount of Each Disbursement this Period

1125.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1895.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North First Street

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

**Transaction ID : CAPESB18B879EABD4E8E**

Amount of Each Disbursement this Period

3.20
------

Full Name (Last, First, Middle Initial)

**B. Caboose Studios, LLC**Mailing Address 1712 Pioneer Ave  
Suite 742

City	State	Zip Code
Cheyenne	WY	82001

Purpose of Disbursement  
Public Relations Management

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

**Transaction ID : CAPESB23ACF3345FD4A6**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. Caboose Studios, LLC**Mailing Address 1712 Pioneer Ave  
Suite 742

City	State	Zip Code
Cheyenne	WY	82001

Purpose of Disbursement  
Public Relations Management

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2012

**Transaction ID : CAPESBAC8328547133E0**

Amount of Each Disbursement this Period

7000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11003.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P. O. Box 360001

City	State	Zip Code
Fort Lauderdale	FL	33336

Purpose of Disbursement  
Bank Fees & Adjustments

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2012

**Transaction ID : CAPESB05A52BB2E5D2AE**

Amount of Each Disbursement this Period

24.75
-------

Full Name (Last, First, Middle Initial)

**B. Constant Contact**

Mailing Address 1601 Trapelo Road

City	State	Zip Code
Waltham	MA	02451

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : CAPESB40993DBB07C904**

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**C. Constant Contact**

Mailing Address 1601 Trapelo Road

City	State	Zip Code
Waltham	MA	02451

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2012

**Transaction ID : CAPESB8EB1A8F9E85FA2**

Amount of Each Disbursement this Period

30.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

84.75
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. PR Newswire**Mailing Address 350 Hudson Street  
Suite 300

City New York State NY Zip Code 10114

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2012

**Transaction ID : CAPESB53B7542BFE2492E**

Amount of Each Disbursement this Period

310.00
--------

Full Name (Last, First, Middle Initial)

**B. PR Newswire**Mailing Address 350 Hudson Street  
Suite 300

City New York State NY Zip Code 10114

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2012

**Transaction ID : CAPESB438AFE55FEAE9E**

Amount of Each Disbursement this Period

310.00
--------

Full Name (Last, First, Middle Initial)

**C. FaceBook**

Mailing Address 1601 Willow Avenue

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement  
Online Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : CAPESB598AF763940A8C**

Amount of Each Disbursement this Period

27.20
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

647.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. FaceBook**

Mailing Address 1601 Willow Avenue

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2012

**Transaction ID : CAPESBD799F4401E24367**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. FaceBook**

Mailing Address 1601 Willow Avenue

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2012

**Transaction ID : CAPESB36AB290D956AA5**

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**C. FaceBook**

Mailing Address 1601 Willow Avenue

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2012

**Transaction ID : CAPESB91BB23C3D2FE80**

Amount of Each Disbursement this Period

17.88
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

97.88
-------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Coalition of Americans for Political Equality**

Full Name (Last, First, Middle Initial)

**A. FaceBook**

Mailing Address 1601 Willow Avenue

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : CAPESB308B897CE5BBA5**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. FaceBook**

Mailing Address 1601 Willow Avenue

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

**Transaction ID : CAPESBD682A37BED5863**

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**C. FaceBook**

Mailing Address 1601 Willow Avenue

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2012

**Transaction ID : CAPESB72B81F2CAFA5F1**

Amount of Each Disbursement this Period

38.76
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

118.76

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition of Americans for Political Equality

Full Name (Last, First, Middle Initial)

**A. FaceBook**

Mailing Address 1601 Willow Avenue

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

004

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : CAPESB8C9077B8A5DCFA

Amount of Each Disbursement this Period

30.00
-------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00
-------

26478.05
----------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 38 OF 44

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Coalition of Americans for Political Equality

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Google

Nature of Debt (Purpose):  
Online Advertising

Mailing Address 1600 Amphitheater Parkway

City State

Zip Code

Mountain View

CA

94043

Outstanding Balance Beginning This Period

315880.85

Transaction ID : CAPESD00000000094043

Amount Incurred This Period

2603.61

Payment This Period

0.00

Outstanding Balance at Close of This Period

318484.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GoogleTV

Nature of Debt (Purpose):  
Video Broadcasts

Mailing Address 901 Cherry Ave

City State

Zip Code

San Bruno

CA

94066

Outstanding Balance Beginning This Period

2653.12

Transaction ID : CAPESD00000000094066

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2653.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

321137.58

2) TOTALS This Period (last page this line number only)..... ►

321137.58

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

321137.58

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 39 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Coalition of Americans for Political Equality</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00493486         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>GoMobile Technology, LLC</b>			Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            10 / 18 / 2012         </div>	
Mailing Address 1201 Orange Street Ste 600			Amount <div style="border: 1px solid black; padding: 2px;">           1500.00         </div>	
City Wilmington	State DE	Zip Code 19899		
Purpose of Expenditure Social Media Marketing	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 32755.90</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : CAPESEEC94C4B659F864

Full Name (Last, First, Middle Initial) of Payee <b>GoMobile Technology, LLC</b>			Date <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>            10 / 19 / 2012         </div>	
Mailing Address 1201 Orange Street Ste 600			Amount <div style="border: 1px solid black; padding: 2px;">           14500.00         </div>	
City Wilmington	State DE	Zip Code 19899		
Purpose of Expenditure Social Media Marketing	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5 5 47255.90</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : CAPESEF4985DC81ED984

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">           16000.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;">           _____         </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">           _____         </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Margaret Berardinelli

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2012

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SE  
Transaction ID :

Payee Name: Google - Address: 1600 Amphitheater Parkway, Mountain View, CA 94043-1351 - Amount: \$2,603.61 -  
Purpose: FOX TV Advertising - Candidate: Barack Obama (Opposed) - Office Sought: President - State: General

Form/Schedule:  
Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 41 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Coalition of Americans for Political Equality</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00493486       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>GoMobile Technology, LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 19 / 2012	
Mailing Address 1201 Orange Street Ste 600		Amount <span style="border: 1px solid black; padding: 2px;">2000.00</span>	
City Wilmington	State DE	Zip Code 19899	
Purpose of Expenditure Social Media Marketing	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">49255.90</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Transaction ID : CAPESE25BD158116EB90

Full Name (Last, First, Middle Initial) of Payee <b>GoMobile Technology, LLC</b>		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 06 / 2012	
Mailing Address 1201 Orange Street Ste 600		Amount <span style="border: 1px solid black; padding: 2px;">4500.00</span>	
City Wilmington	State DE	Zip Code 19899	
Purpose of Expenditure GOTV Mobile Campaign	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">53755.90</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Transaction ID : CAPESE0DAF3082FB8F81

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;">6500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Margaret Berardinelli

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 42 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Coalition of Americans for Political Equality</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00493486	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>GoMobile Technology, LLC</b>			Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div> </div>	
Mailing Address 1201 Orange Street Ste 600			Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>5000.00</div> </div> </div>	
City Wilmington	State DE	Zip Code 19899	Transaction ID : <b>CAPESE46BA1445043A0A</b>	
Purpose of Expenditure GOTV Mobile Campaign		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>58755.90</div> </div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>GoMobile Technology, LLC</b>			Date <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div> </div>	
Mailing Address 1201 Orange Street Ste 600			Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>2000.00</div> </div> </div>	
City Wilmington	State DE	Zip Code 19899	Transaction ID : <b>CAPESE79A208D30485A5</b>	
Purpose of Expenditure GOTV Mobile Campaign		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>60755.90</div> </div> </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div>7000.00</div> </div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div></div> <div></div> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Margaret Berardinelli

[Electronically Filed]

Date

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 43 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Coalition of Americans for Political Equality</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00493486       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>GoMobile Technology, LLC</b>		Date <div style="border: 1px solid black; padding: 2px;">           11 / 23 / 2012         </div>
Mailing Address 1201 Orange Street Ste 600		Amount <div style="border: 1px solid black; padding: 2px;">           7500.00         </div>
City Wilmington	State DE	
Purpose of Expenditure GOTV Mobile Campaign	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">68255.90</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : CAPESE70A542C9DF605E

Full Name (Last, First, Middle Initial) of Payee <b>InfoCision</b>		Date <div style="border: 1px solid black; padding: 2px;">           10 / 26 / 2012         </div>
Mailing Address 325 Springside Drive		Amount <div style="border: 1px solid black; padding: 2px;">           541.32         </div>
City Akron	State OH	
Purpose of Expenditure GOTV Advertising	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">673.35</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : CAPESE558A3510E233EC

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">8041.32</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Margaret Berardinelli

[Electronically Filed]

Date

12 / 05 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 44 OF 44  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Coalition of Americans for Political Equality</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00493486	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name (Last, First, Middle Initial) of Payee <b>InfoCision</b>		Date MM / DD / YYYY <b>11 / 15 / 2012</b>	
Mailing Address 325 Springside Drive		Amount <b>10.45</b>	
City Akron	State OH	Zip Code 44333	Transaction ID : <b>CAPESE7D8DFB112E996</b>  Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President  Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Purpose of Expenditure GOTV Advertising		Category/ Type <b>004</b>	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama			
Calendar Year-To-Date Per Election for Office Sought		<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: -10px;">683.80</div> </div> </div>	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President  Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought		<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: -10px;"></div> </div> </div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	10.45
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	37551.77

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Margaret Berardinelli

[Electronically Filed]

Date

 MM / DD / YYYY  
 12 / 05 / 2012

Signature